

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Docket No.: ICKINGER-2

In re Application of:	)	
GEORG MICHAEL ICKINGER	)	
Appl. No.: 10/689,572	)	Examiner: LUK, Emmanuel S.
Filed: October 20, 2003	)	Group Art Unit: 1722
For: PLASTICIZING UNIT WITH AN	)	Confirmation No.: 8449
ELECTROMOTIVE SPINDLE DRIVE	)	
FOR AN INJECTION MOLDING MACHINE)	)	

**PAYMENT OF THE ISSUE FEE**

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

S I R:

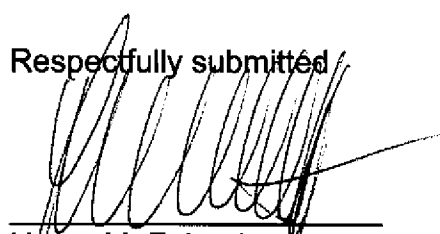
With regard to the above-entitled application, please find enclosed the completed Issue Fee Transmittal Form PTOL 85b.

The amount of \$1,700.00 to cover the issue fee of \$1,400.00 and the publication fee of \$300.00 is being paid by Credit Card.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No.: 06-0502.

Respectfully submitted

By:

  
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Date: June 26, 2006  
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# **PART B - FEE(S) TRANSMITTAL**

**Complete and send this form, together with applicable fee(s), to:** **Mail** **Mail Stop ISSUE FEE**  
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**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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020151 7590 03/29/2006

**HENRY M FEIEREISEN, LLC**  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<b>HENRY M. FEIEREISEN</b>	(Depositor's name)
	(Signature)
<b>June 26, 2006</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/689,572	10/20/2003	Georg Michael Ickinger	ICKINGER-2	8449

**TITLE OF INVENTION:** PLASTICIZING UNIT WITH AN ELECTROMOTIVE SPINDLE DRIVE FOR AN INJECTION MOLDING MACHINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/29/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
LUK, EMMANUEL S	1722	425-542000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a **Customer Number** is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **HENRY M. FEIEREISEN**

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Demag Ergotech GmbH**

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

**Schwaig / Germany**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **06-0502** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

Typed or printed name **HENRY M. FEIEREISEN**

Date **6-26-2006**

Registration No. **31,084**

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